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W	Bio-S	he	et /	4		•	
1. NAME OF APPLICANT (example: FAMILY NAME, First Name, Middle Name) PREFIX LAST/FAMILY NAME FIRST NAME MIDDLE NAME			4. GENDER				
			5. PLACE OF BIR	5. PLACE OF BIRTH (city or town, country)			
2. PERMANENT ADDRESS OF APP	LICANT			6. DATE	Month	Day	Year
				OF BIRTH			
				7. COUNTRY OF PRESENT CITIZE	NSHIP		
Telephone number: Fax: Fax:			8. COUNTRY OF PRESENT RESIDENCE				
E-mail address:							
3. POSTAL ADDRESS OF APPLICA	NT						
				9. HAVE YOU HAI GRANT IN THE P.	_	IGHT	
				IF YES, PLEASE I	INDICATE \	/EAR	
10. EDUCATION List all post-seconda	ry educational institutions attend	ded, beginnir	g with the n	nost recent, including an	y in which yo	u	
are currently enrolled. Copies of diploma	s, academic transcripts, certifica	ates, and Eng	lish transla	tions should be attached	l.		
Name of institution, University or professional school, and location	Major field(s) of study	Dates at (month a	tended nd year)	Actual name of diploma or degree			Date received
p.c.ossional concentration		From	То	(do not translate)			or expected
		/	/				/
		/	/				/

11. Name your **most significant** publications/honors/awards/projects/other accomplishments.

12. Field of Study
13. GIVE A 50-WORD SUMMARY OF YOUR PROPOSED PROGRAM PLAN (more complete plan to be outlined on page 3; be
sure this summary captures the essence of your program plan).
44 CURRENT OCCURATION
14. CURRENT OCCUPATION Organization
Your job title
Dates of Employment (month & year) / - /
Name and address of your place of employment
45.0
15. Describe your current job responsibilities:



Bio-Sheet B

2

16. Previous	positions	neia (b	egin w	itn most	recent):

Name & address of place of employment	Job Title	Dates of Er From (in y	mployment ears) To

17. On a scale from 1-5, please select your computer proficiency level in the following areas:

Word Processing

Spreadsheets

Email

18. Please indicate countries outside your own, including the United States, in which you have lived, travelled, or studied. Please list dates (months/years) and reasons for each visit. Please attach an additional sheet if necessary.

Country visited	Reason for visit (e.g. study, work, tourism, conference)	Dates of Visit From (mo./yr.)To (mo./yr.)	
		/	/
		/	/
		1	/
		/	/

19.	Person	to be	notified in	n case of	f emergency	(in	home	country):

Name of Contact Person

Address - Street

Citv

State/Province

Country

Zip code Telephone:

I certify that all information given in this application is complete and accurate to the best of my knowledge. I acknowledge that I have completely read and understood the Information and Application Instructions and I agree to comply with all regulations described there. I agree to abide by the Policies governing the selection of Fulbright/Humphrey grantees, as established by the J. William Fulbright Foreign Scholarship Board (FSB) (complete policies available at

http://exchanges.state.gov/education/fulbright/ffsb/policies/2004/) which supercede all other documents relating to my application for a Humphrey Fellowship. I also agree to return to my home country upon the expiration of my program in the United States of America.

Date	Electronic Signature of Applicant
/ /	



Program Plan

Name of Applicant	
Country	

20. Please describe your major area of interest and explain how this area addresses the specific development needs of your country.

21. Describe the type of Humphrey program you would like to design in order to meet these challenges. Indicate he kinds of academic course work, internship experiences, and/or professional training experiences you would ke to undertake.	

22. Describe how the acquisition of new knowledge and skills will assist you in helping your country to achieve its development goals.	



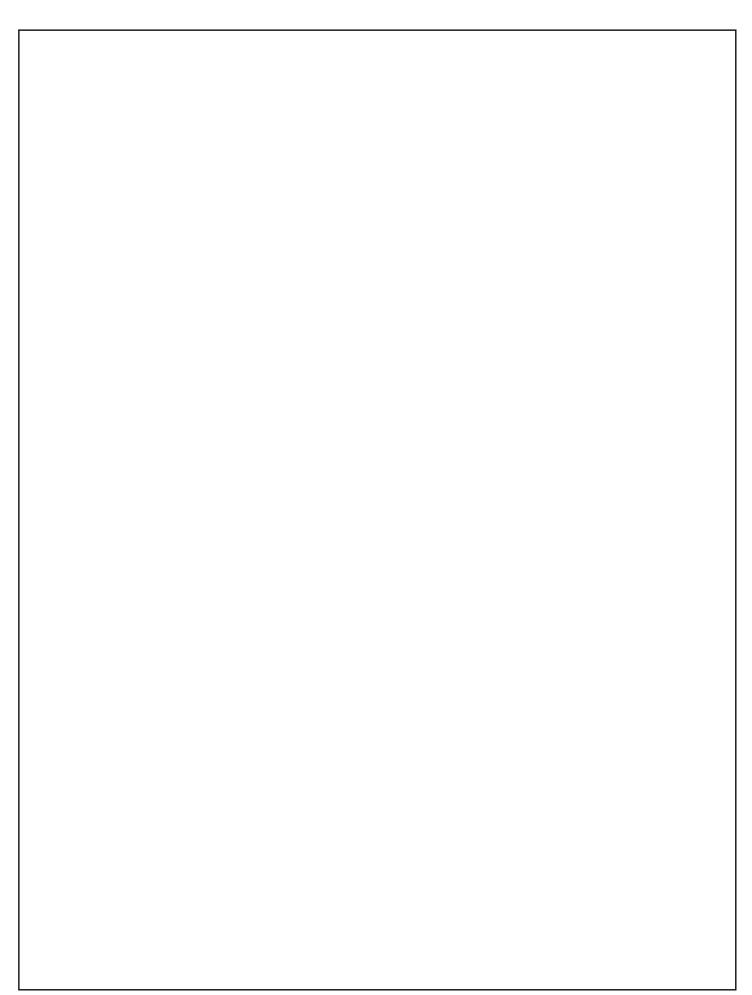
Personal Statements A

Name of Applicant Country

24. Please state your professional goals for the next five years and indicate how the training received under the Humphrey Program will contribute to you managerial skills, leadership ability, and commitment to public service.



Personal Statements B 5
Name of Applicant
Country
25. Describe a problem or challenging situation that you resolved by using your initiative. What was the outcome? Please select this example carefully. It should illustrate something that you want the review panel to know about your problem-solving, leadership abilities, or commitment to public service.





Substance Abuse Field of Study 5A

NOTE: THIS PAGE SHOULD BE FILLED OUT ONLY BY THOSE APPLICANTS WHOSE PROPOSED FIELD OF STUDY IS SUBSTANCE ABUSE

STUDY IS SUBSTANCE ABUSE
Please contact the U.S. Embassy or the Binational Educational Commission in your country before completing the following.
1. Briefly describe what you know about current substance abuse problems in your country.
2. Briefly describe recent substance abuse research project(s) in which you have been engaged, the extent of your
role in these project(s), and list any publications in connection with research work that you have done.
3. Briefly describe an area of substance abuse research that you would like to pursue based on the needs in your country.



Personal Information

6

	PERSONAL FINANCIAL INFORI 1. Your annual salary	MATION (Indicate all funds in your	local currency.)	
	<u> </u>	irces		
	Indicate your local currency			
		uring your stay in the U.S.?		
	(If yes, what percentage?)			
II.		Iumphrey Fellowship Program o	does not provide allowa	nces for dependents.
	If your dependents accompany yo	ou, you will be responsible for prov	viding all travel, adequate	medical insurance, and
		ation Centers cannot accommo		
	until you are settled in your acade academic placement).	emic program and have found hou	ising (at least 30 days afte	er your arrival at
	4. N.4. 16. 1. O.4. 4			
			annial againtanas from w	ou during vour
	z. List the relationships and ages academic year in the U.S.	of any persons who will require fir	nanciai assistance irom yo	ou during your
•	Name	Relation	nship	Age
	1.		•	_
	_			
	2			
	4.			
;		u in the U.S.?		
	· · · · · · · · · · · · · · · · · · ·	s), date(s) of birth, and state how you	intend to provide for them du	uring your year of study
	in the U.S.)			
	Dependent Name 1.	Relationship	Date of Birth	
	1.		7 7	
	2.			
	2.		, ,	
	3.		/ /	
	4.		1 1	
III.	ENGLISH LANGUAGE PROGR	АМ		
	1. If required, will you be able to a	rrive for English language training	g as early as April?	
,	Will you be able to obtain a lea	re of absonce from your ourrent o	soition for a pariod of 11 r	months or up to
4	2. Will you be able to obtain a lear	ve of absence from your current port from the contract of the	osition for a period of 11 f	nontris, or up to
(3. When will you take a standardi: / /	zed test that assessed your Englis	sh language ability, such a	as TOEFL?
	(If you have not scheduled this tes	t before October 1, 2009, you must no	otify the Binational Education	nal Commission or
	U.S. Embassy in your home count		,	
IMI	PORTANT			
1. /	An official TOEFL score (no more tha	n two years old) is required for all cou	intries except the English-sp	eaking Caribbean.
F		TOEFL score reports sent to: Institute 616. You must be sure to indicate this e you take the examination.		
3. /	As soon as you receive your TOEFL s	score, report it to the Binational Educa	ational Commission or U.S. E	Embassy.
4. F	Please sign below as authorization fo	r IIE to receive your TOEFL score.		
	•	rnational Education to receive my TOE	EFL score report.	
Dat	e / /	Signature of Applicant		
		I		



English Language

7

ECONDARY SCHOOL NIVERSITY	EVEL ECONDARY SCHOOL INIVERSITY RIVATE STUDY B. ENGLISH LANGU. Indicate the date on w	NUMBER OF YEARS AGE TESTS hich you took or will	NUMBER OF MONTHS	NUMBER OF HOURS	NATIVE LANGUAGE
NUMBER OF YEARS NUMBER OF MONTHS PER YEAR NUMBER OF HOURS PER WEEK NATIVE LANGUAGE OF INSTRUCTOR NATIVE LANGUAGE OF INST	EVEL ECONDARY SCHOOL INIVERSITY RIVATE STUDY B. ENGLISH LANGUA Indicate the date on w	NUMBER OF YEARS AGE TESTS hich you took or will	NUMBER OF MONTHS	NUMBER OF HOURS	NATIVE LANGUAGE
ECONDARY SCHOOL NIVERSITY RIVATE STUDY B. ENGLISH LANGUAGE TESTS Indicate the date on which you took or will take the official Test of English as a Foreign Language (TOEFL): / NOTE: All U.S. Universities require a TOEFL score taken within 2 years or less. Indicate the TOEFL score earned: In addition, if you have recently taken or are planning to take one of the following English language proficiency tests, please indicate the test date and the score (with TOEFL conversion): Institutional TOEFL (ITP): date: // / score:	ECONDARY SCHOOL INIVERSITY RIVATE STUDY B. ENGLISH LANGUA Indicate the date on w	AGE TESTS hich you took or will	NUMBER OF MONTHS PER YEAR	NUMBER OF HOURS PER WEEK	
RIVATE STUDY 8. ENGLISH LANGUAGE TESTS Indicate the date on which you took or will take the official Test of English as a Foreign Language (TOEFL): / NOTE: All U.S. Universities require a TOEFL score taken within 2 years or less. Indicate the TOEFL score earned: In addition, if you have recently taken or are planning to take one of the following English language proficiency tests, please indicate the test date and the score (with TOEFL conversion): Institutional TOEFL (ITP): date: // / score: Please note: The ALIGU and Michigan Tests are not acceptable as pre-screening tools. The ITOEFL is the only	RIVATE STUDY B. ENGLISH LANGUA Indicate the date on w	hich you took or will			
B. ENGLISH LANGUAGE TESTS Indicate the date on which you took or will take the official Test of English as a Foreign Language (TOEFL): / NOTE: All U.S. Universities require a TOEFL score taken within 2 years or less. Indicate the TOEFL score earned: In addition, if you have recently taken or are planning to take one of the following English language proficiency tests, please indicate the test date and the score (with TOEFL conversion): Institutional TOEFL (ITP): date:/ score:	B. ENGLISH LANGUA Indicate the date on w	hich you took or will			
Indicate the date on which you took or will take the official Test of English as a Foreign Language (TOEFL): / NOTE: All U.S. Universities require a TOEFL score taken within 2 years or less. Indicate the TOEFL score earned: In addition, if you have recently taken or are planning to take one of the following English language proficiency tests, please indicate the test date and the score (with TOEFL conversion): Institutional TOEFL (ITP): date: // / score: Please note: The ALIGU and Michigan Tests are not acceptable as pre-screening tools. The ITOEFL is the only	Indicate the date on w	hich you took or will			
Indicate the date on which you took or will take the official Test of English as a Foreign Language (TOEFL): / NOTE: All U.S. Universities require a TOEFL score taken within 2 years or less. Indicate the TOEFL score earned: In addition, if you have recently taken or are planning to take one of the following English language proficiency tests, please indicate the test date and the score (with TOEFL conversion): Institutional TOEFL (ITP): date: / / score: Please note: The ALIGU and Michigan Tests are not acceptable as pre-screening tools. The ITOEFL is the only	Indicate the date on w	hich you took or will			
Institutional TOEFL (ITP): date:/ score: Please note: The ALIGU and Michigan Tests are not acceptable as pre-screening tools. The ITOEFL is the only	La addition if ba	ore earned:	All U.S. Universities re	equire a TOEFL scor	e taken within 2 years or less.
Please note: The ALIGU and Michigan Tests are not acceptable as pre-screening tools. The ITOEFL is the only				e of the following Engli	ish language proficiency tests, please
Please note: The ALIGU and Michigan Tests are not acceptable as pre-screening tools. The ITOEFL is the only	Institutional TOEFL (IT	P): date:	/ /	score:	



Long Term English Program P-1A

LTE NOMINATION FORM 2009-2010 Program Year

NOTE: THIS PAGE SHOULD BE FILLED OUT ONLY FOR THOSE APPLICANTS WHOM YOU ARE NOMINATING TO PARTICIPATE IN THE LONG-TERM INTENSIVE ENGLISH TRAINING PROGRAM.

CANDIDA	ΤE						НО	ME (COUNT	RY					

If approved by the Candidate Review Committee panel, Long Term English candidates may be required to attend an intensive 20-25 week pre-academic program to improve their language skills.

Please note: the Long-Term English program is offered in addition to the regular pre-aademic English programs. Candidates being nominated for Long-Term English should have sufficiently poor English skills as to make it necessary for them to receive this intensive 20-25 week training prior to the beginning of the program.

1. Please describe the candidate's English language abilities	(particularly listening and speaking skill	s), based on your formal and
informal interactions with him or her.		

2. Please state briefly why you are recommending this candidate for the Long Term English program.

Please also complete the Nomination Committee Report P-1, Recruitment Report P-2, and the Application Checklist P-3 as well for this candidate. Please rank this candidate among the total candidates submitted.



Nomination Committee Report P-1

HUMPHREY FELLOWSHIP PROGRAM NOMINATION COMMITTEE EVALUATION AND TRANSMITTAL FORM 2009-2010 Program Year

To be completed by authorized representatives of the Binational Education Commission/Foundation or U.S. Embassy for candidates selected to be nominated for the Fellowship program. The form should reflect additional information gained from the interview with the candidate that is not reflected in the written application. The responses should also explain why this candidate was ranked either higher or lower compared to the other nominees.

CANDIDATE	HOME COUNTRY
Please answer each point and begin each answer with the correspondi	ng number:
1. How did you determine the ranking of this candidate vis-a-vis the other c	andidates submitted? Please explain your rationale.
What impressed you most/least about the candidate during the interview	2
2. What impressed you mostreast about the candidate during the interview	,
3. How do the candidate's professional qualifications and program plan fit v Humphrey Fellowship Program?	vithin the context of the Mission's plan and objectives and the goals of the



Nomination Committee Report P-1

4. What is the relevance of the candidate's position and organization within	the context of his/her country and its development plans?
5. What kind of academic and professional experience would be most usef	ul for the candidate's future work?
Discuss the candidate's leadership potential and commitment to public s	ervice, and the impact he/she may have on his/her home country as a result
of this fellowship.	
	Indicate the committee's ranking of the candidate
	Total number of candidates submitted to IIE
	Title
Signature	Date,



Application Checklist

P-3

This form is to be completed by the US Embassy or the	ne Fulbright Commission, not	by the candidate.										
COUNTRY	OTAL # OF NOMINATION	IS										
CANDIDATE'S NAME												
GENDER DATE OF BIRTH (month/day/year)												
DATE OF BIRTH (Holianday, year)												
CURRENT POSITION												
NAME OF ORGANIZATION/EMPLOYER												
SUBFIELD WITHIN THE MAJOR FIELD ABOVE (FOCUS OF CANDIDATE'S PROGRAM PLAN) :												
HIGHEST U.S. DEGREE EQUIVALENT: HOW DOES EMBASSY/COMMISSION RANK THIS CANDIDATE?												
□ No degree □ MA/MS	(1ST, 2ND, ETC.)											
☐ A A ☐ PhD/MD ☐ BA/BS ☐ Other (name)												
STATUS OF APPLICATION (Please check appropriate status)	ATTACHED	FORTHCOMING										
Nomination Committee Report Form (P1)												
· Recruitment Report (P2)	_											
· Application (Pages 1, 2, 3, 4, 5, 6)	_											
Drug Abuse Page (5A) (for candidates in the field of drug abuse only)												
- Completed English Proficiency Form (Page 7)												
• Preliminary English Test Institutional TOEFL Score: Date taken:												
Official TOEFL or IELTS (please circle one) Score: Date taken:												
 1st Letter of Reference (employer) (Pages 8 & 8A) Translation 		_ _										
- 2nd Letter of Reference (academic/other) (Pages 9 & 9A)												
Translation												
- Transcripts and Diplomas												
1st Degree												
Translation												
2nd degree (if applicable)												
Translation	_	_										
3rd degree (if applicable)	_	_										
Translation												